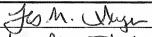


HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY and CHANGE OF CORRESPONDENCE ADDRESS</b>		Application/Patent Number	6,861,407
		Filing/Issue Date	March 1, 2005
		First Named Inventor/Patentee	Darrell H. Carney
		Confirmation Number	6599
		Group Art Unit	1653
		Examiner Name	Robert A. Wax
		Attorney Docket Number	3033.1000-008
Title	METHODS OF THERAPY WITH THROMBIN DERIVED PEPTIDES		
I hereby revoke all previous powers of attorney given in the above-identified application.			
<input type="checkbox"/> I hereby appoint the following practitioner(s): <u>[Not to exceed 10]</u> <hr/> <p style="text-align: center;"><b>OR</b></p> <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <b>48329</b>			
Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> <b>Customer Number 48329</b> Foley & Lardner LLP 111 Huntington Avenue Boston, Massachusetts 02199-7610  <input type="checkbox"/> Other <hr/>			
Please direct all telephone calls and facsimiles to: Name <u>Steven G. Davis, Esq.</u> Tel. No. <u>(617) 342-4000</u> Fax No. <u>(617) 342-4001</u>			
I am the: <input type="checkbox"/> Applicant/Inventor.  <input checked="" type="checkbox"/> Authorized representative of the Assignee, Capstone Therapeutics, Formerly known as Orthologic Corp., of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed.  <input type="checkbox"/> Authorized representative of the Assignee, [ FILL IN WITH NAME OF ASSIGNEE ], together with [ FILL IN WITH NAME OF ASSIGNEE ], of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed.			
SIGNATURE of Applicant or Assignee of Record			
Signature			
Name & Title	Les M. Tabor Cfo		
Date	7-13-2009		